

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09 762100 FILING DATE	
CLAIMS						APPLICANT'S	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		1		1			53
4		3		1			54
5		3		1			55
6		3		1			56
7				1			57
8				1			58
9				1			59
10				1			60
11				1			61
12				1			62
13							63
14							64
15							65
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	1		1				TOTAL IND.
TOTAL DEP.	11		11				TOTAL DEP.
TOTAL CLAIMS	12		12				TOTAL CLAIMS